

617 000 170194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

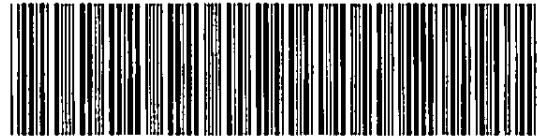
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500303405535

09/13/17--01009--017 \*\*25.00

FILED  
17 SEP 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 15 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERNACIONAL PHYSICAL THERAPY GROUP.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHAN REYES DURANGO  
Name of Person

I.P.T.G.  
Firm/Company

201 BONNIE BLVD. (INT. 210)  
Address

PALM SPRINGS, FL. 33467.  
City/State and Zip Code

FISIOTERAPIAENMOVIMIENTO7C@gmail.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA DURANGO at (773) 297-2327  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INTERNACIONAL || PHYSICAL THERAPY GROUP LLC.

FILED  
SEP 13 PM 3:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 SEP 13 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUG-15-2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
17 SEP 13 PM 3:20  
STREET LANE OFFICE  
TALLAHASSEE, FLORIDA